



# Bulletin

of the Mahoning Valley Medical Society  
Third Quarter 2016

## HOW'S YOUR MORALE?



### 2016 Survey of American Physicians: Where is physician morale the highest and lowest?

The following chart displays the percentages of physicians who indicate their professional morale is very or somewhat positive by state. The remaining physicians indicate their morale is very or somewhat negative. Data derived from a survey of 17,236 physicians conducted for The Physicians Foundation by Merritt Hawkins.

1	Nebraska	58.3%	26	Alabama	46.4%
2	Vermont	56.9%	27	Rhode Island	46.2%
3	Massachusetts	56.2%	28	South Carolina	45.7%
4	North Dakota	55.3%	29	Indiana	45.5%
5	Utah	54.0%	30	North Carolina	45.3%
6	Minnesota	53.8%	31	Kentucky	45.3%
7	Alaska	53.1%	32	Arkansas	44.8%
8	Wisconsin	53.0%	33	Pennsylvania	44.3%
9	Virginia	52.9%	34	Ohio	44.2%
10	Missouri	52.1%	35	New York	44.1%
11	California	51.6%	36	Oklahoma	43.4%
12	Maine	50.0%	37	Florida	43.1%
13	Oregon	49.7%	38	Montana	43.1%
14	Iowa	49.7%	39	Louisiana	42.6%
15	Maryland	49.5%	40	Wyoming	42.4%
16	New Hampshire	49.5%	41	New Jersey	42.0%
17	Mississippi	49.5%	42	Georgia	41.3%
18	Kansas	49.2%	43	Tennessee	40.9%
19	Washington	48.9%	44	Arizona	40.8%
20	South Dakota	48.7%	45	Nevada	40.4%
21	Michigan	48.7%	46	New Mexico	40.3%
22	Colorado	47.5%	47	Idaho	40.3%
23	Illinois	47.0%	48	Connecticut	39.8%
24	West Virginia	46.7%	49	Delaware	38.9%
25	Hawaii	46.5%	50	Texas	38.8%

## Bulletin

*Editor Sean T. McGrath, MD*

*Managing Editor Karyn Frederick*

### *Editorial Board*

**Lyn E. Yakubov, MD Sean T. McGrath, MD**

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Mahoning Valley Medical Society, 3855 Starr's Centre Dr., Suite C-3,  
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Phone (330) 533-4880 Fax (330) 533-4940.

[www.mahoningmed.org](http://www.mahoningmed.org)

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## Calendar

*November 8, 2016*

*Election Day*

*November 13, 2016*

*Keith Urban, Covelli Centre*

*November 17, 2016*

*Trans Siberian Orchestra,  
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*November 19, 20, 2016*

*Ringling Brothers Circus,  
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*December 21-25, 2016*

*Disney on Ice, Covelli Centre*

*January 28, 2017*

*Harlem Globetrotters,  
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*February 3-4, 2017*

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## **THE FIRST AMENDMENT**

What a huge topic this past month. What does this amendment mean to people and what does it protect? How does it apply in the medical field?

First and foremost, let's define what is not protected by the First Amendment: Any opinion or action that causes death, harm, or danger to another American Citizen is not protected by the First Amendment.

I believe the first amendment must protect every person's opinion in order to be heard. Each of us must be able to let our concerns and hopes be known and hopefully fruitfully discussed. This allows the "little person" to be able to be part of the greater community of the United States of America. I think it should protect people's opinions in response to other people's opinions as well. All must be protected!

I believe the problem comes when people become "radical" about their opinions or views and refuse to listen to both sides. There needs to be an "extension of the olive branch" between opposing viewpoints to make any progress. I heard a saying once that rings true; the problem with close-minded people is that they never shut their mouths!

How about in the medical office? What is the role of the first amendment there? I think doctors have been the leaders in the first amendment. It's simple, we have a job to do and we do it no matter what is said or done in the office. I listen to patients to make sure there are no problems at home or socially that are limiting their health and wellbeing to the extent they allow me. I personally keep many opinions to myself and listen to the patient's point of view. The only exception is the current state of the medical environment. I do not hold back any longer when talking with patients about our medical system. I tell them my understanding of what is going on and they tell me theirs. I feel, overall, that we are on a similar page and there is a general understanding of what is happening.

My opinion on the First Amendment; Very Important! Must be protected for all. Can't discriminate or call names of anyone based on their opinions or actions/reactions. It will and needs to be part of the physician-patient relationship and must be thoughtfully negotiated by the professional in the room.

Being a very important issue, if anyone has anything to add, please write a letter to the editor and we will include comments in the next Bulletin.

A handwritten signature in black ink, appearing to read "Sean T. McGrath, MD". The signature is fluid and cursive, with a distinct "S" at the beginning.

# From the President

by Lyn E. Yakubov, MD



## An Eye on the Valley

I would like to take this time to recognize and support the vision and effort of Sergul A. Erzurum, M.D. along with her co-founder Karen Hauser in initiating a foundation for her hometown community. What better area than her field of expertise and practice. What better way to help others and give back to our community.

*Sight for All* Foundation is a 501c(3) non-profit and is administered by a volunteer board composed of individuals who live and work in the Mahoning Valley. The Doctors for Sight who have committed to administering care for this effort currently consist of 18 ophthalmologists and 16 optometrists. Physicians outside of the specialty but representing a wide spectrum of practice in the Mahoning

Valley have also leant their financial support. This is in addition to numerous businesses, organizations, and philanthropists throughout the Valley.

Trumbull and Mahoning County have over 156,000 individuals experiencing vision loss or vision problems. Columbiana County has an additional 15,000 people with vision problems. Of all of these residents, over 4,600 have macular degeneration, over 52,000 have cataracts, and over 5,500 have glaucoma. The number of seniors with these diseases will double by the year 2030.

The purpose of the organization is to provide assistance to those in our community who are in need of eye care services and works directly to help them to maneuver the health care system so that they can receive services including eye care examinations and procedures as well as glasses or contacts. The Foundation creates the opportunity for those in need to achieve their best vision through a collaboration of doctor, facility, patient, and service.

The goal of *Sight for All* is to assist individuals within our community who are in need of eye care services who do not have the resources or means to gain access to available eye care programs. The foundation's services are meant for uninsured and underinsured patients with few or no other healthcare options. Uninsured patients are individuals who do not have any form of public or private insurance, including Medicaid, CHIP, PCN, Catastrophic, or High-Deductible insurance. Underinsured patients are individuals who have health insurance but are paying a high percentage (usually more than 5-10%) of their annual household income towards medical expenses (i.e. premiums, deductibles, prescriptions, and bills, etc.). Moreover, the non-profit is happy to help anyone find the care they need within our community.

*Sight for All* requires self-reported financial information and health insurance status. Specific financial forms are not required to enroll. However, these optional forms are strongly recommended so they can help patients apply for future healthcare programs such as state, federal, and prescription assistance. Optional forms include: W-2, pay stubs, bank statements, among others.

*Sight for All* is now located within the Goodwill offices at 2747 Belmont Ave, Youngstown, OH. The patient navigator at this office will respond to tri-county resident or physician requests or inquiries, will educate patients, as well as review services, and help to determine financial need.

*Sight for All* is partnering with Goodwill, Lions Club, and Prevent Blindness to promote and expand the services provided by these organizations. *Sight for All* will assist any request for vision services. Financial information will be obtained and evaluated to see if the patient meets criteria for help. If you have patients with financial limitations who require eye care, please remember this new organization. The website is: [www.sightforall2016.com](http://www.sightforall2016.com) and contact information is: [sightforall2016@gmail.com](mailto:sightforall2016@gmail.com). Interested in donating? The mailing address is: P.O. Box 125, Youngstown, Ohio 44501. Donations may also be made through their website. We have seen philanthropic undertakings time and again in our Valley. Some notable efforts of this particular type have been by some of our own MVMS members and area practitioners who had a vision and made it happen and continue their passion. I commend the tremendous work poured into this new endeavor and am most pleased and proud to partner with it.

*Lyn E. Yakubov, MD*



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## Bits 'n' Pieces

### MEMBERSHIP DUES BILLING

Membership dues invoices were mailed out in September and many of you have already paid your 2017 dues. If you haven't yet paid dues, or if you have not received an invoice, please contact the Society office and we will send one out to you.

### SAVE THE DATE FOR DOCTORS' DAY CELEBRATION!

The Doctors' Day Celebration will be held at Hollywood Gaming at Mahoning Valley Racecourse again this year on **FRIDAY, MARCH 31 2017**. Mark this date in your calendar and join us for an evening of great food and conversation and possibly a little winning! This event has been a huge success in past years so we hope you will join us in 2017.

## NEW MEMBERS

**Jessica Reiter, DO**  
Internal Medicine

Community Medical Associates  
1450 S. Canfield Niles Rd.  
Youngstown, OH 44515

Medical Education: West Virginia School of Osteopathic Medicine, Lewisburg, WV  
Internship: Western Reserve Health Edu., Youngstown, OH  
Residency: Western Reserve Health Edu., Youngstown, OH

**Jenna Fluegge, MD**  
Family Medicine

Comprehensive Physician Associates  
5170 Belmont Ave.  
Youngstown, OH 44505

Medical Education: American University of Antigua  
Internship: Northside Family Medicine, Youngstown, OH  
Residency: Northside Family Medicine, Youngstown, OH

**Basem Doss, MD**  
Internal Medicine

ValleyCare Medical Group of Ohio  
20 Ohlton Rd., Suite 204  
Youngstown, OH 44515

Medical Education: Chicago Medical School, North Chicago, IL  
Internship: St. Elizabeth Hospital, Youngstown, OH  
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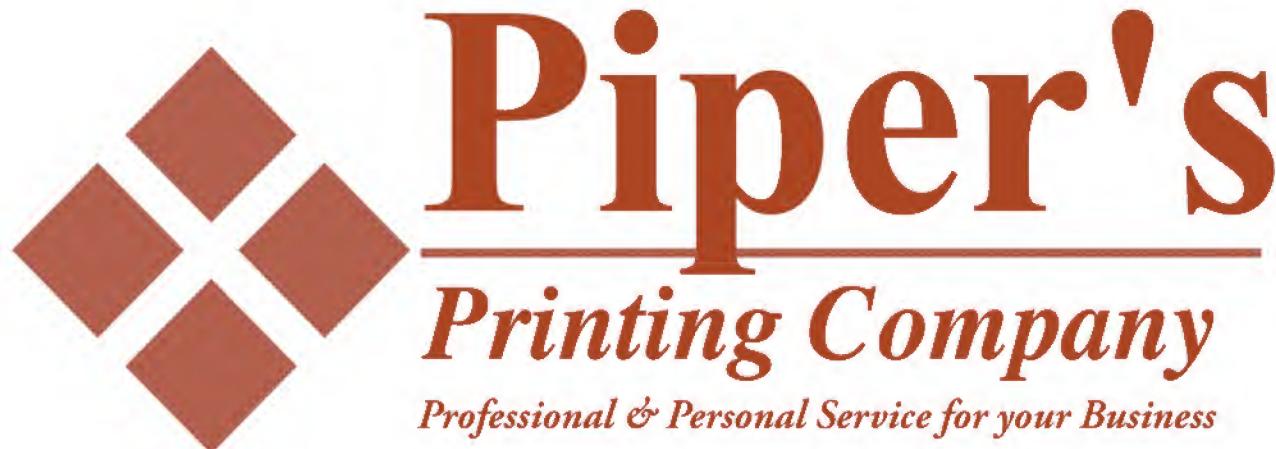
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In the past, a physician leaving a practice or having to stop her/his professional claims made policy (if other than retiring) had to consider the acquisition of an extended reporting endorsement or tail coverage, as it is commonly known.

Such acquisitions are costly, as some know, with standard premiums ranging upwards of 200% or so of mature claims made premiums. Oftentimes, tail premiums are calculated with discounts stripped out so the sticker shock becomes even bigger.

The Insurance market now provides *alternative tail options* through other carriers offering indefinite coverage (a must, if available, for this kind of coverage), financially stable carriers and competitive pricing. Consider these recently placed actual cases:

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Premium: \$82,000

### **Alternate Carrier/Radiology**

Limit: \$2,000,000/\$4,000,000  
Basis: Indefinite  
Premium: \$42,000

### **Incumbent Carrier/Rheumatology**

Limit: \$1,000,000/\$3,000,000  
Basis: Indefinite  
Premium: \$23,375

### **Alternate Carrier/Rheumatology**

Limit: \$1,000,000/\$3,000,00  
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# 2016 Survey of America's Physicians

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Every other year, The Physicians Foundation, with the assistance of Merritt Hawkins, conducts a nationwide survey to answer this critical question, as well as many others regarding who physicians are and how they practice.

This report includes responses from 17,236 physicians, who, in over one million data points and over 10,000 written comments, reveal key insights into:

- The state of physician morale. How many physicians would recommend medicine as a career, or choose to be physicians again?
- The practice plans of today's physicians. How many will retire? Work part-time? Seek employment with a hospital? Switch to a "concierge" practice?
- Physician practice models. How many are independent? Employed? In solo practice? In large groups?
- Physician practice patterns. How many patients do physicians see? How many hours do they work?
- Physician payment models. How many are paid on "value?" How many are in ACOs or medical homes? What do they know about the Medicare Access and CHIP Reauthorization Act (MACRA)?
- Medicare and Medicaid acceptance rates. How many physicians still see Medicare and Medicaid patients?
- The effect of ICD-10. Have the new codes enhanced or detracted from efficiency and patient care?
- The Accountable Care Act. What grade do physicians give the ACA?
- Differences among physicians. How do physician perspectives differ by age, gender, practice status, and specialty?
- Patient access. How do physician practice patterns affect the ability of patients to access care?

With an error rate of +/- 0.766%, and with comparisons to data from surveys conducted by The Physicians Foundation in 2012 and 2014, the 2016 Survey of America's Physicians is the source of insight and analysis into the perspectives, practice plans and practice patterns of today's physicians.

# *IN MEMORIAM*

*Vincent D. Lepore, MD*

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# HIGH COURT UPHOLDS MALPRACTICE LAW

In a major victory for the healthcare community, the Ohio Supreme Court has upheld a state law requiring a malpractice suit to be filed within four years of the occurrence of an alleged medical injury.

The case was brought by a retired Air Force colonel against the Cleveland Clinic. David Antoon, of Dayton, had surgery at the Clinic in 2008 to remove a cancerous prostate gland. But Antoon said the procedure left him impotent and incontinent and was not performed by the physician he had chosen. Following a series of legal moves since the surgery, Antoon formally filed suit in 2013.

The Clinic, which denied any wrongdoing, argued that Antoon's suit was illegal and should be thrown out because it violated the statute of repose requiring medical suits to be filed within four years. A Cuyahoga County court threw out the suit. A state appeals court overturned that lower court and allowed Antoon's case to proceed. The Clinic then asked the state's high court to review the case.

"We hold that (the law) is a true statute of repose that applies to both vested and non-vested claims," Chief Justice Maureen O'Connor wrote for the majority in *Antoon v. Cleveland Clinic Foundation*. "Therefore, any medical malpractice action must be filed within four years of the occurrence of the act or omission alleged to have caused a plaintiff's injury."

The court voted 5-to-1 in the Clinic's favor, with Justice Paul Pfeifer concurring in judgement only. Justice Bill O'Neill did not participate on this case.

Antoon had argued that because he had previously filed a pair of lawsuits in 2010 and 2012 against the Clinic within the four-year window – though he'd later withdrew both in legal maneuvers – the start date for the statute of repose would not have started until 2012. Antoon argued that would make his formal lawsuit in November 2013 legal and within the statute of repose.

The high court disagreed, saying Ohio's legislature wrote the law with clear intent. "Our decision today is also informed by the robust heritage of decisions from courts and legislatures sharing the common beliefs that plaintiffs should litigate their claims as swiftly as possible and that defendants should not face potential liability indefinitely," O'Connor wrote.

"Just as a plaintiff is entitled to a meaningful time and opportunity to pursue a claim, a defendant is entitled to a reasonable time after which he or she can be assured that a defense will not have to be mounted for actions occurring years before," O'Connor wrote. "The statute of repose exists to give medical providers certainty with respect to the time within which a claim can be brought and a time after which they may be free from the fear of litigation."

The Ohio State Medical Association (OSMA) played a significant role in seeing that the four-year statute of repose was included in the state's 2002 comprehensive medical tort reform rules and provisions.

The OSMA filed a brief in support of the Clinic when the case reached the Ohio Supreme Court in September 2015. The OSMA applauded the high court's verdict.

"This ruling exemplifies exactly what we mean when we say courts should defer policy decisions to the legislative branch of government and not legislate from the bench," said Tim Maglione, the OSMA's senior director of government relations. "The court specifically acknowledged that their role in reviewing a statute is not to express agreement or disagreement with the public policy that led to its enactment."

*This article was reprinted with permission from OSMA "Health Matters", November 3, 2016.*

**Mahoning Valley Medical Society**

3855 Starr's Centre Drive, Suite C-3

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